



PART B - FEE(S) TRANSMITTAL

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23364 7590 09/05/2007

BACON & THOMAS, PLLC  
625 SLATERS LANE  
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ALEXANDRIA, VA 22314

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Table with 3 rows: (Depositor's name), (Signature), (Date)

Table with 5 columns: APPLICATION NO., FILING DATE, FIRST NAMED INVENTOR, ATTORNEY DOCKET NO., CONFIRMATION NO.

TITLE OF INVENTION: WOUND DRESSING

Table with 7 columns: APPLN. TYPE, SMALL ENTITY, ISSUE FEE DUE, PUBLICATION FEE DUE, PREV. PAID ISSUE FEE, TOTAL FEE(S) DUE, DATE DUE

Table with 3 columns: EXAMINER, ART UNIT, CLASS-SUBCLASS

09/18/2007 AWONDAF2 \$1700 00000024 10725575 12/05/2007  
01 FC:1501 1400.00 OP  
02 FC:1504 300.00 OP  
03 FC:0001 12.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Bacon & Thomas, PLLC
2
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ossur hf

Reykjavik Iceland

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

The following fee(s) are submitted:

- Issue Fee
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Advance Order - # of Copies Four (4)

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0200 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Justin J. Casell

Date

September 17, 2007

Typed or printed name

JUSTIN J. CASSELL

Registration No.

46,205

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ENTIRE APPLICATION OF: GUDMUNDUR FERTRAM SIGURJONSSON

SERIAL NO.: 10/725,575

GROUP ART UNIT: 3772

FILED: December 3, 2003

EXAMINER: Lewis, Kim M.

FOR: WOUND DRESSING

ATTY. REFERENCE: SIGU3002/JJC

COMMISSIONER OF PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

*Sir:*

The below identified communication(s) or document(s) is(are) submitted in the above application or proceeding:

- Issue Fee Transmittal
- Check in the Amount of \$1,712.00 (Issue Fee - \$1400; Publication Fee - \$300; Advance Copies - \$12)
- Please debit or credit **Deposit Account Number 02-0200** for any deficiency or surplus in connection with this communication.

23364

CUSTOMER NUMBER

BACON & THOMAS, PLLC  
625 Slaters Lane- Fourth Floor  
Alexandria, Virginia 22314  
(703) 683-0500

Date: September 17, 2007

*Respectfully submitted,*

JUSTIN J. CASSELL

Attorney for Applicant

Registration Number: 46,205